


4-30-03

PTO/SB/56 (12-97)

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04/26/01  
1c796 U.S. PTO

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 1211-RE		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 36	Total Claims (37 CFR 1.16(f))	(B) 69	33 =	x \$	=	or x \$18 =	594.00	
(C) 2	Independent Claims (37 CFR 1.16(f))	(D) 5	3 =	x \$	=	x \$80 =	240.00	
Basic Fee (37 CFR 1.16(h))					\$		\$710.00	
Total Filing Fee					\$	OR	\$1,544.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(f))	---	MINUS	---	=	x \$	=	or x \$	=
Independent Claims (37 CFR 1.16(f))	---	MINUS	---	=	x \$	=	x \$	=
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3. -- If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. --- After any cancellation of claims ---- If "A" is greater than 20, use (B - A); If "A" is 20 or less, use (B - 20). ----- "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-2465</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,544.00</u> to cover the filing / additional fee is enclosed.</p>								
April 26, 2001 Date		 Signature of Applicant, Attorney or Agent of Record						
		Henry M. Bissell Typed or printed name						

09/855599  
1040 U.S. PTO

04/26/01

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Please type a plus sign (+) inside this box ☒

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PTO/SB/50 (1-00)  
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# REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  
  
Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

Attorney Docket No.	1211-RE
First Named Inventor	Buchanan, L.
Original Patent Number	5,897,316
Original Patent Issue Date (Month/Day/Year)	04/27/99
Express Mail Label No.	EJ028122605US

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent  
(Check applicable box)


## APPLICATION ELEMENTS


- ☒ \*Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.9 and 1.27.
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)  
Original U.S. Patent
- ☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
(PTO/SB/53 or PTO/SB/54)  
or  
☐ Ribboned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?  
☐ Yes ☒ No  
(If Yes, check applicable box(es))  
☐ Written Consent of all Assignees (PTO/SB/53 or 54)  
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

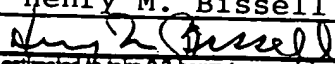
## ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)  
(If applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration  
(If applicable)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☐ Other: .....

## 14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label  or ☐ Correspondence address below

Name					
Address	23711				
City	PATENT TRADEMARK OFFICE	State		Zip Code	
Country		Telephone		Fax	

NAME (Print/Type)	Henry M. Bissell	Registration No. (Attorney/Agent)	19,200
Signature		Date	04/26/01

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09/845599  
04/26/01

# REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT

Docket Number (Optional)

1211-RE

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s)

Leonard Stephen Buchanan

Patent Number

5,897,316

Date Patent Issued

April 27, 1999

Title of Invention

ENDODONTIC TREATMENT SYSTEM

I am the inventor of the original patent.

I offer to surrender the original patent.

1. ☐ Filed herein is a certificate under 37 CFR 3.73(b).

2. ☒ Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.

One of boxes 1 or 2 above must be checked.

The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.

Signature

Date

April 20, 2001

Typed or printed name

Leonard Stephen Buchanan

The assignee owning an undivided interest in said original patent is \_\_\_\_\_ and the assignee consents to the accompanying application for reissue.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.

Name of assignee

Signature of person signing for assignee

Date

Typed or printed name and title of person signing for assignee

Practitioner's Docket No. 1211-RE

**PATENT**

**REQUEST FOR TRANSFER OF DRAWINGS FROM ORIGINAL PATENT  
TO REISSUE APPLICATION**

Please transfer the drawings from original patent, 5,897,316, filed on  
April 28, 1994, for the invention entitled ENDODONTIC TREATMENT  
SYSTEM

to the reissue application, the specification of which:

☒ is attached hereto.

☐ was filed on \_\_\_\_\_, as reissue application num-  
ber /

  
\_\_\_\_\_  
Signature of practitioner

Date: April 26, 2001

Henry M. Bissell  
(type or print name of practitioner)

Reg. No.: 19,200

\_\_\_\_\_  
P.O. Address

Tel. No.

Customer No.:



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